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CONFIRMATION NO. 7044

<b>SERIAL NUMBER</b> 10/713,437	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> EID-P-1
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**APPLICANTS**

J. Francois Eid, Larchmont, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/426,217 11/14/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 03/02/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

40636

**TITLE**

Penile prosthesis and surgical instruments for implantation of penile prostheses

<b>FILING FEE RECEIVED</b> 1284	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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